



City of Newport News
Employees' Retirement and Benefits Office
2400 Washington Avenue
Newport News, VA 23607

Retiree Fitness Membership Enrollment Form

- ☐ Retiree Only ☐ Spouse Only ☐ Retiree and Spouse ☐ Adult/Child (YMCA Only)
☐ Family (YMCA Only) ☐ Community

Retiree Name:	
Retiree ID#:	
Address:	
Cell Telephone: Home Telephone:	

Please select only one of the following fitness facilities:

ONE LIFE FITNESS	RIVERSIDE WELLNESS & FITNESS CENTER	YMCA – PENINSULA METROPOLITAN/COMMUNITY
<input type="checkbox"/> Employee	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee
<input type="checkbox"/> Spouse Name _____ Date of Birth _____	<input type="checkbox"/> Spouse Name _____ Date of Birth _____	<input type="checkbox"/> Spouse Name _____ Date of Birth _____
		<input type="checkbox"/> Dependent Children Name _____ Date of Birth _____ Name _____ Date of Birth _____ Name _____ Date of Birth _____

I understand that the cost of the membership(s) applied for above will be payroll deducted for the next 12 months. This membership will continue each year thereafter unless changed or canceled during this period only. I understand that banking and/or credit card information will be requested by the facility that I have chosen. This information will be utilized in the event that I terminate employment prior to the next annual open enrollment period.

Employee Signature

Date